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December 29, 2006

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.
Director and Chief Medical Officer

SUBJECT: **DISCHARGE POLICIES AND PROCEDURES FOR
HOMELESS PATIENTS FROM DEPARTMENT OF
HEALTH SERVICES (DHS) HOSPITALS**

This is in response to the November 21, 2006 Board motion instructing DHS to review and reassess current policies and procedures for discharging homeless patients, and to provide additional recommendations, if warranted, for improving current DHS protocols, particularly in relation to transportation services.

DHS hospitals implemented Discharge Planning Protocols and Procedures for Homeless or Unstably Housed Patients on July 1, 2006. The protocol requires homeless and unstably housed patients to receive a comprehensive discharge plan that begins at admission and involves appropriate levels of healthcare staff, community based service providers, the patient, family and/or others.

Since March 2006, DHS has received one report of an alleged inappropriate discharge. This report was received on November 16, 2006. As previously reported to your health and press deputies, DHS investigated this report and found that DHS personnel appropriately discharged this patient.

A variety of transportation options are available to homeless clients when they are discharged from DHS facilities. DHS social workers and discharge planners provide homeless clients with taxi vouchers or bus tokens that can be used for transportation to their discharge destination. These are provided through a federal grant administered by MTA. In the case of patients being transferred to a skilled nursing facility, ambulance services are utilized through our Emergency Medical Services (EMS). DHS clients also use the NetVan which offers free van service with various stops in the Skid Row area, LAC+USC Medical Center, and H. Claude Hudson Comprehensive Health Center. The NetVan is funded by JWCH Institute and operates from 7:00 a.m. until 10:00 p.m.

DHS is exploring transportation options that offer a "warm hand-off" in which the transportation includes an escort into service provider agencies to ensure that patients arrive at their discharge destination.

DHS has developed and will be implementing various strategies to improve discharge planning efforts for homeless individuals by enhancing and promoting access to healthcare and other supportive services. DHS is currently implementing the Access to Housing for Health Pilot Project which will provide case management services and permanent housing to homeless clients discharged from DHS facilities. In addition, DHS will soon be entering into a contract for 15 new recuperative care beds which will provide shelter and basic medical oversight to homeless clients discharged from DHS facilities while they complete their convalescence. Both of these programs were recently approved by your Board within the Homeless Prevention Initiative's Homeless and Housing Program Funds.

Other strategies include partnering with Homeless Healthcare of Los Angeles to provide DHS discharge planners with a comprehensive training on homeless needs and available resources, participating in the Skid Row Homeless Healthcare Initiative which is working with primary care providers to improve the continuity and delivery of health care services for homeless residents of Skid Row, and partnering with DPSS to ensure that eligible individuals receive General Relief or CalWORKS benefits before they leave the hospital.

DHS' Homeless Services Coordinator, Libby Boyce, has been communicating directly with Skid Row service providers and fostering those relationships. In addition, Ms. Boyce is working with the Hospital Association of Southern California (HASC) and other private hospitals to develop strategies to facilitate discharge planning efforts for Los Angeles County homeless residents. HASC will be scheduling a meeting in January 2007 to finalize a discharge referral form to be used by hospitals for placement at Skid Row shelters and to request that the shelters allow reservations for beds for homeless individuals being discharged from hospitals.

My Department will continue to provide your Board with quarterly updates on the status of our efforts to improve the health outcomes of DHS' homeless patients through increased access to housing, public benefits and other supportive services.

If you have any questions or need further information, please let me know.

BAC:lb
611:007

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors